

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HCR MANOR CARE PAC

ADDRESS (number and street)

333 NORTH SUMMIT STREET

16TH FLOOR

☐ Check if different than previously reported. (ACC)

TOLEDO

OH

43604

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00260141

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

04

2014

in the State of

OH

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the State of

5. Covering Period

10

01

2014

through

10

15

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Kevin Jackson

Signature of Treasurer

Mr. Kevin Jackson

[Electronically Filed]

Date

10

20

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
10		15		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2014</div>		<div>11344.69</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>9420.55</div>	
(c) Total Receipts (from Line 19)	<div>6169.45</div>	<div>149172.59</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>15590.00</div>	<div>160517.28</div>
7. Total Disbursements (from Line 31).....	<div>3001.50</div>	<div>147928.78</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>12588.50</div>	<div>12588.50</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y
10		15		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4558.73

107747.55

(ii) Unitemized

1110.72

21889.23

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5669.45

129636.78

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

5669.45

129636.78

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

500.00

500.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

19033.50

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

2.31

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

6169.45

149172.59

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

6169.45

149172.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	104.00	586.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	104.00	586.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	125100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1897.50	22242.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3001.50	147928.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3001.50	147928.78

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5669.45	129636.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5669.45	129636.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	104.00	586.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	500.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-396.00	86.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey R Amann

Mailing Address 5100 Newton Ave. South

City

Minneapolis

State

MN

Zip Code

55419

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

908.38

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38788

Amount of Each Receipt this Period

65.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nancy Ayers

Mailing Address 5184 N Quail Crest Dr

City

Grand Rapids

State

MI

Zip Code

49546

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.40

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38790

Amount of Each Receipt this Period

40.00

Contribution

Full Name (Last, First, Middle Initial)

c. Ms. Jocelyn D. Barnes

Mailing Address 9108 Shadowbrook Trail

City

Orlando

State

FL

Zip Code

32825

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.84

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38793

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Joseph Barrick

Mailing Address 448 Woodcrest Drive

City

Mechanicsburg

State

PA

Zip Code

17050

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator - York South

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.68

Date of Receipt

10 / 02 / 2014

Transaction ID : SA11AI.38557

Amount of Each Receipt this Period

27.50

Contribution

Full Name (Last, First, Middle Initial)

B. Lynne M Bauerschmidt

Mailing Address 7060 Middlebury

City

Lambertville

State

MI

Zip Code

48144

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Internal Training Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38795

Amount of Each Receipt this Period

35.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ms Julie Beckert

Mailing Address 3911 Buell

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38797

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

112.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Ruby G Boice

Mailing Address 10445 Dexter Drive E

City

Jacksonville

State

FL

Zip Code

32218

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director Reg. Business Office Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38800

Amount of Each Receipt this Period

15.00

Contribution

Full Name (Last, First, Middle Initial)

B. Joey Lee Boyles

Mailing Address 567 Smalls Ferry Road

City

New Castle

State

PA

Zip Code

16102

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38803

Amount of Each Receipt this Period

24.00

Contribution

Full Name (Last, First, Middle Initial)

C. David Burke

Mailing Address 425 Kingwood Rd

City

Linthicum Heights

State

MD

Zip Code

21090

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.04

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38806

Amount of Each Receipt this Period

42.31

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

81.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 37

(check only one)

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Denise F Curry

Mailing Address 503 Vilsack Road

City State Zip Code
 Allegheny PA 15116

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR. Manor Care, Inc

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

761.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38812

Amount of Each Receipt this Period

63.46

Contribution

Full Name (Last, First, Middle Initial)

B. Melinda Dechert

Mailing Address 3703 Kersten Dr

City State Zip Code
 San Jose CA 95124

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38815

Amount of Each Receipt this Period

40.00

Contribution

Full Name (Last, First, Middle Initial)

C. Robert DiFlippo

Mailing Address 1812 Windermere Avenue

City State Zip Code
 Wilmington DE 19804

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38816

Amount of Each Receipt this Period

8.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

111.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. David K Donin

Mailing Address 11608 Everglade Court

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.16

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38817

Amount of Each Receipt this Period

24.00

Contribution

Full Name (Last, First, Middle Initial)

B. Linda J Emmett

Mailing Address 10408 Meadowlark Ct. East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38820

Amount of Each Receipt this Period

75.00

Contribution

Full Name (Last, First, Middle Initial)

C. Lisa Evans

Mailing Address 24013 22nd Ave West

City

Bothell

State

WA

Zip Code

98021

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38821

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

149.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 37

(check only one)

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. R Michael Ferguson

Mailing Address 2450 Underhill Rd

City State Zip Code
 Toledo OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
VP & Dir of Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38822

Amount of Each Receipt this Period

96.15

Contribution

Full Name (Last, First, Middle Initial)

B. John F Gallick

Mailing Address 392 Castle Crest Road

City State Zip Code
 Alamo CA 94507

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38830

Amount of Each Receipt this Period

15.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Gary T. Geise

Mailing Address 28561 Woodland Ave

City State Zip Code
 Perrysburg OH 43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Director of Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.76

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38831

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

161.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mr. Leonard Grabijas

Mailing Address 2682 Ravine Side North

City State Zip Code
 Howell MI 48843

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

VP Sales & Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607.79

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38834

Amount of Each Receipt this Period

69.23

Contribution

Full Name (Last, First, Middle Initial)

B. Ruth G Graziano

Mailing Address 503 Elk Mills Road

City State Zip Code
 Oxford PA 19363

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1056.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38835

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

C. Karen Harris

Mailing Address 8250 SW 8th St

City State Zip Code
 North Lauderdale FL 33068

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38839

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

169.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mr. Alan Hash

Mailing Address 9496 South Dunbar Circle

City

South Jordan

State

UT

Zip Code

84095

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38840

Amount of Each Receipt this Period

120.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kevin C Henricks

Mailing Address 23636 W. Chicago St. Unit 102

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38842

Amount of Each Receipt this Period

41.00

Contribution

Full Name (Last, First, Middle Initial)

C. Deborah Cox Hilgenberg

Mailing Address 2719 Woodland Hills Ct

City

Green Bay

State

WI

Zip Code

54311

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38843

Amount of Each Receipt this Period

20.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

181.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Rebecca Hollingsead

Mailing Address 558 N Hillcrest

City

Decatur

State

IL

Zip Code

62522

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Director Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.04

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38846

Amount of Each Receipt this Period

94.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sharon E Hollins

Mailing Address 3311 Gallatin Rd

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38847

Amount of Each Receipt this Period

76.92

Contribution

Full Name (Last, First, Middle Initial)

C. Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38848

Amount of Each Receipt this Period

75.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

245.92

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Kathryn Hoops

Mailing Address 24708 McCutchenville Road

City State Zip Code
Perrysburg OH 43551

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

VP of Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 15 2014

Transaction ID : SA11AI.38849

Amount of Each Receipt this Period

115.38

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. John Huber

Mailing Address 26448 Carronade Drive

City State Zip Code
Perrysburg OH 43551

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 15 2014

Transaction ID : SA11AI.38851

Amount of Each Receipt this Period

25.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ms Kate Gieroczynski Huck

Mailing Address 65 Washington St

City State Zip Code
Topton PA 19562

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare, LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 15 2014

Transaction ID : SA11AI.38852

Amount of Each Receipt this Period

25.38

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.76

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Patricia Hudson

Mailing Address 1733 Ashfield Dr

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Reg. Director of 4H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38853

Amount of Each Receipt this Period

24.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rebecca S Jablon

Mailing Address 3349 Fairbanks Ave

City

TOLEDO

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38855

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ms Diane Johnson

Mailing Address 206 Ruth Road

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38858

Amount of Each Receipt this Period

65.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

139.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Robert G Julius

Mailing Address 3321 Pelham Rd

City State Zip Code
 Ottawa Hills OH 43606

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Mgr. Business Office Process Dev.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38862

Amount of Each Receipt this Period

69.23

Contribution

Full Name (Last, First, Middle Initial)

B. Elizabeth M Kaczor

Mailing Address 1689 Rauch Rd

City State Zip Code
 Temperance MI 48182

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

AVP HR Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38863

Amount of Each Receipt this Period

40.00

Contribution

Full Name (Last, First, Middle Initial)

c. Linda Karling-Lott

Mailing Address 4361 Conrwallis Ct

City State Zip Code
 Marietta GA 30068

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38865

Amount of Each Receipt this Period

72.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

181.23

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Rodney S Keefer

Mailing Address 15126 Ridgeview Dr

City State Zip Code
 Clive IA 50325

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.38866

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dan Kight

Mailing Address 2013 Orchard Rd

City State Zip Code
 Toledo OH 43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Mgr^ Pharmacy Ops Sprt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.38868

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

C. Janet Kovalich

Mailing Address 285 South Turnpike Street

City State Zip Code
 Dushore PA 18614

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11AI.38559

Amount of Each Receipt this Period

110.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mark Kruzel

Mailing Address 26215 Black Oak Ct

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Accounting Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38875

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Elliot Lekawa

Mailing Address 13690 Highland Springs Ct

City

Wichita

State

KS

Zip Code

67235

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

RDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38877

Amount of Each Receipt this Period

43.50

Contribution

Full Name (Last, First, Middle Initial)

C. Ryan Locy

Mailing Address 1425 Cody Parkway Apt. D

City

Platteville

State

WI

Zip Code

53818

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.23

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38879

Amount of Each Receipt this Period

25.61

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

89.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard Louwaert

Mailing Address PO Box 152

City

Decatur

State

MI

Zip Code

49045

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38880

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

B. Diane Lube

Mailing Address 1830 Essex Pl

City

Downers Grove

State

IL

Zip Code

60516

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38881

Amount of Each Receipt this Period

36.00

Contribution

Full Name (Last, First, Middle Initial)

C. Linda Mason

Mailing Address 3126 Diehn Ave

City

Davenport

State

IA

Zip Code

52802

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38885

Amount of Each Receipt this Period

20.00

Contribution

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76.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Frances Mastel

Mailing Address 1807 Derian Drive

City

Aberdeen

State

SD

Zip Code

57401

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38887

Amount of Each Receipt this Period

15.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jill Matelan

Mailing Address 312 N. Franklin St

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc

Occupation

Administrator - Sinking Spring

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38889

Amount of Each Receipt this Period

29.00

Contribution

Full Name (Last, First, Middle Initial)

C. Murry Mercier

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38892

Amount of Each Receipt this Period

190.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

234.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Daniel J Mikus

Mailing Address 809 Oak Avenue

City State Zip Code
 Linwood NJ 08221

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38894

Amount of Each Receipt this Period

24.31

Contribution

Full Name (Last, First, Middle Initial)

B. Debra Miles

Mailing Address 7448 Hickory Valley Drive

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

AVP & Director of Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38895

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Miller

Mailing Address 198 Old Mill Drive

City State Zip Code
 Langhorne PA 19047

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38900

Amount of Each Receipt this Period

42.00

Contribution

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116.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Robert Moser

Mailing Address 1404 Riverwalk Court

City State Zip Code
 Waterville OH 43566

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Manager Employee Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38903

Amount of Each Receipt this Period

19.23

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Tom Myers

Mailing Address 24927 Prairie Crossing

City State Zip Code
 Perrysburg OH 43551

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Ops Support - Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38905

Amount of Each Receipt this Period

30.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ms Joylin Nation

Mailing Address 15985 Voyageurs Place

City State Zip Code
 West Palm Beach FL 33414

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38906

Amount of Each Receipt this Period

57.69

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

106.92

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Eric O'Neill

Mailing Address 4009 East Braeburn Dr

City

Appleton

State

WI

Zip Code

54913

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38911

Amount of Each Receipt this Period

40.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ms Olivia O'Nest

Mailing Address 191 Foxhill Ln

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

DDOS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38912

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ms Leslie Ohm

Mailing Address 12331 South 71st Avenue

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.15

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38910

Amount of Each Receipt this Period

71.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

131.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Orinoco

Mailing Address 1361 Bobby Lane

City

Westlake

State

OH

Zip Code

44145

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.10

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38913

Amount of Each Receipt this Period

29.70

Contribution

Full Name (Last, First, Middle Initial)

B. Nadja Papillon

Mailing Address 5044 NW 90th Terrace

City

Coral Springs

State

FL

Zip Code

33067

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.34

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38915

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. David Parker

Mailing Address 2154 Tremont Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1888.42

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38916

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

149.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Richard A Parr II

Mailing Address 2253 Gray Fox Court

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP - General Counsel & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38917

Amount of Each Receipt this Period

192.30

Contribution

Full Name (Last, First, Middle Initial)

B. Brian W Perry

Mailing Address 450 Strafer Street

City

Cincinnati

State

OH

Zip Code

45226

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

AVP-Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38919

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tracy L Peterson

Mailing Address 6865 Poplar Drive

City

Ypsilanti

State

MI

Zip Code

48197

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.42

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38920

Amount of Each Receipt this Period

23.58

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

265.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Mary T. Reagan

Mailing Address 925 Main Street

City

Bethlehem

State

PA

Zip Code

18018

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator - Easton

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38922

Amount of Each Receipt this Period

25.00

Contribution

Full Name (Last, First, Middle Initial)

B. Barbara Reigel

Mailing Address 112 Center Street

City

Bridgeport

State

PA

Zip Code

19405

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Mobile ADNS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

373.64

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38923

Amount of Each Receipt this Period

37.00

Contribution

Full Name (Last, First, Middle Initial)

C. Patricia B Richards

Mailing Address P.O. Box 754

City

Shady Spring

State

WV

Zip Code

25918

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Area Human Resource Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

494.49

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38924

Amount of Each Receipt this Period

26.54

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

88.54

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Damian M Rodgers

Mailing Address 4647 Calico Court

City State Zip Code
 Monclova OH 43542

FEC ID number of contributing federal political committee.

C

Name of Employer
 HCR Manor Care, Inc.

Occupation
 Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38926

Amount of Each Receipt this Period

45.00

Contribution

Full Name (Last, First, Middle Initial)

B. David R Roth

Mailing Address 5257 Bentwood Drive

City State Zip Code
 Mason OH 45040

FEC ID number of contributing federal political committee.

C

Name of Employer
 HCR ManorCare Inc.

Occupation
 Director Of Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.95

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38927

Amount of Each Receipt this Period

46.15

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Rick Rump

Mailing Address 2423 Heather Glen

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing federal political committee.

C

Name of Employer
 HCR ManorCare, Inc.

Occupation
 Director of Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1051.19

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2014

Transaction ID : SA11AI.38928

Amount of Each Receipt this Period

59.04

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.19

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Runser

Mailing Address 216 Drake Circle

City

Cranberry Twp.

State

PA

Zip Code

16066

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SA11AI.38552

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mary Jane Ruppert

Mailing Address 603 North Blackhoof St.

City

Wapakoneta

State

OH

Zip Code

45895

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Sr Dir 4H Compliance and Edu

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.02

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38929

Amount of Each Receipt this Period

53.84

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38930

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

603.84

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mr. Edward Schuch

Mailing Address 304 Adriana Court

City

Northampton

State

PA

Zip Code

18067

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38931

Amount of Each Receipt this Period

27.00

Contribution

Full Name (Last, First, Middle Initial)

B. Timothy Slawinski

Mailing Address 2363 Coe Court

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Divisional Director OPS Sup

Occupation

General Manager - West Div & HHHH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38936

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jennifer M Snider

Mailing Address 824 S Genoa Clay Center Rd

City

Genoa

State

OH

Zip Code

43430

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare LLC

Occupation

Managed Care Manager - CBO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.92

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38937

Amount of Each Receipt this Period

13.34

Contribution

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TOTAL This Period (last page this line number only)..... ►

60.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Laura M Stengel

Mailing Address 24228 East Arapahoe Place

City State Zip Code
Aurora CO 80016

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38938

Amount of Each Receipt this Period

60.56

Contribution

Full Name (Last, First, Middle Initial)

B. Anthony J Stinson

Mailing Address 3 Lynnefield Court

City State Zip Code
Medford NJ 08055

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38939

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

C. Colette Storck

Mailing Address 28490 Wynikako Ave

City State Zip Code
Millsboro DE 19966

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.18

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38940

Amount of Each Receipt this Period

63.46

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

174.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Laurie C StPierre

Mailing Address 2120 Addison

City

Clermont

State

FL

Zip Code

34711

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director Case Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.53

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38941

Amount of Each Receipt this Period

44.23

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Eric Talbert

Mailing Address 7231 Stonewater Ct

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Div. Director of Operations Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38944

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rami Ubaydi

Mailing Address 6519 Chatham Circle

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1519.12

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.38948

Amount of Each Receipt this Period

76.92

Contribution

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TOTAL This Period (last page this line number only)..... ►

171.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Benjuiman Young

Mailing Address 7822 NE 24th Ct.

City

Vancouver

State

WA

Zip Code

98665

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

671.53

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38954

Amount of Each Receipt this Period

66.48

Contribution

Full Name (Last, First, Middle Initial)

B. Julie A Yoxtheimer

Mailing Address 249 E Pearl St

City

Findlay

State

OH

Zip Code

45840

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Sr Reimbursement Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38956

Amount of Each Receipt this Period

15.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.48

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.38958

Amount of Each Receipt this Period

57.69

Contribution

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TOTAL This Period (last page this line number only)..... ►

139.17

4558.73

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 37

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth J Stephenson

Mailing Address 7802 Halehaven Court

City

Severn

State

MD

Zip Code

21144

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

Transaction ID : SA15.38961

Amount of Each Receipt this Period

500.00

Check never cashed-Outstanding since 5/22/12

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Three credit cards are shown side-by-side. The first card has the number 10, the second has 03, and the third has 2014. Each card has a small logo in the top left corner.

Category/
Type

State: District:

Category/
Type

State: District:

Category/
Type

State: District:

Age Group	Percentage
18-24	104.00
25-34	~95.00
35-44	~85.00
45-54	~75.00
55-64	~65.00
65-74	~55.00
75-84	~45.00
85+	~35.00

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	104.00%

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. TEXANS FOR SENATOR JOHN CORNYN INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Mailing Address PO BOX 13026

City	State	Zip Code
AUSTIN	TX	78711

Transaction ID : SB23.38668Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TX	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Husted for Ohio

Mailing Address 211 S Fifth Street

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB29.38787

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pennsylvania Health Care Association PAC

Mailing Address 315 N. Second Street

City	State	Zip Code
Harrisburg	PA	17101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

Transaction ID : SB29.38551

Amount of Each Disbursement this Period

897.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
-------	---	-------	---	-----------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1897.50

1897.50
